

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10659086  
APPLICANT(S) \_\_\_\_\_

FILING DATE 09-08-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/					
2							52	/					
3							53	/					
4							54	/					
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
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13							63						
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15							65						
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18							68						
19							69						
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21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	/	/					79						
30	/	/					80						
31	/	/					81						
32	/	/					82						
33	/	/					83						
34	/	/					84						
35	/	/					85						
36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40	/	/					90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	22					
TOTAL CLAIMS							TOTAL CLAIMS	25					